



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER					
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →					
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Last Name		First Name		Middle Name	3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address			5. FAX (Optional)		6. E-mail Address (Optional)
7. City		State IN	ZIP Code	8. County	9. Telephone (Day)
					10. Telephone (Evening)
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.)		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Greater Indianapolis Republican Finance Committee					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 47 South Pennsylvania Street, Suite 300			15. FAX (Optional) (317) 686-4173		16. E-mail Address (Optional)
17. City Indianapolis		State IN	ZIP Code 46204	18. County Marion	19. Telephone (317) 635-8881
20. Committee Organization Date (MM-DD-YY)					
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson					
22. Mailing Address <input type="checkbox"/> Check if this is a new address			23. FAX (Optional)		24. E-mail Address (Optional)
25. City		State	ZIP Code	26. County	27. Telephone (Day)
					28. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes		
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)					
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer Bryce Carpenter		Signature of the Committee Chairperson
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Bryce Carpenter					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 47 South Pennsylvania Street, Suite 300			35. FAX (Optional) (317) 686-4173		36. E-mail Address (Optional)
37. City Indianapolis		State IN	ZIP Code 46204	38. County Marion	39. Telephone (Day) (317) 504-6559
					40. Telephone (Evening) () Same
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)					
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment 	
SECTION E. CERTIFICATION OF STATEMENT					
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.					
42. Typed or Printed Name of Chairperson Bryce Bennett Jr.		Signature of Chairperson 		Date (MM-DD-YY) 10/17/2014	
43. Typed or Printed Name of Candidate		Signature of Candidate		Date (MM-DD-YY)	
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).					

FOR OFFICE USE ONLY

FILED

OCT 17 2014